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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	96700/488
First Named Inventor	Nancy Carrasco
<b>COMPLETE IF KNOWN</b>	
Application Number	09/519,959
Filing Date	March 7, 2000
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHODS FOR THE DIAGNOSIS AND TREATMENT OF BREAST CANCER**

the specification of which

(Title of the Invention)

is attached hereto  
OR  
 was filed on (MM/DD/YYYY) **03/07/2000**

as United States Application Number or PCT International

(if applicable).

Application Number **09/519,959** and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(e) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

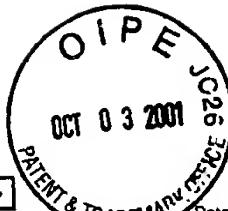
Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Customer Number	→	<input type="checkbox"/> Place Customer Number Bar Code Label here
OR		
<input type="checkbox"/> Registered practitioner(s) name/registration number listed below		

Name	Registration Number	Name	Registration Number
Morton Amster	16,677	Joel E. Lutcker	29,406
Michael J. Berger	25,829	Ira E. Silkin	33,785
Daniel S. Ebenstein	24,932	Leonard S. Borgl	33,211
Kenneth P. George	30,259	Neil M. Zipkin	27,476
Philip H. Gottfried	25,871	Craig J. Arnold	34,287
Abraham Kauden	32,897		
Anthony F. La Cicera	29,401		

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:  Customer Number or Bar Code Label  OR  Correspondence address below

Name	Craig J. Arnold, Esq.			
Address	Amster, Rothstein & Ebenstein			
Address	90 Park Avenue			
City	New York	State	NY	ZIP 10016
Country	U.S.A.	Telephone	(212) 697-5995	Fax (212) 286-0854

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any)		Family Name or Surname	
Nancy		Carrasco	
Inventor's Signature			
Date	11/28/00		
Residence: City	New York	State	NY
Post Office Address	Country U.S.A.		
250 West 89th Street, Apt. 4-M		Citizenship Mexican	
Post Office Address			
City	New York	State	NY
	ZIP	10024	Country U.S.A.

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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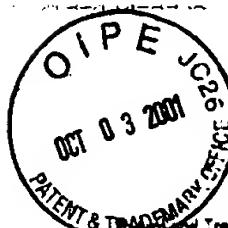
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PTC/INR02A (3-97)

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1						
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> I declare under penalty of perjury that the foregoing is true.						
Given Name (first and middle if any)		Family Name or Surname						
Orsolya		Dohan						
Inventor's Signature					Date	11/28/00		
Residence City	Bronx	State	NY	Country	U.S.A.	Citizen/Non-Citizen		
Post Office Address	1579 Rhinelander Ave., Apt. 4-C							
Post Office Address	City	State	NY	ZIP	10464	Country	U.S.A.	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle if any)	Family Name or Surname							
Uygar H.		Tazebay						
Inventor's Signature							Date	11/28/00
Residence City	Ankara	State		Country	Turkey	Citizen/Non-Citizen		
Post Office Address	Mihalci 1 numarasi 97/4							
Post Office Address	City	State		ZIP	06100-3323	Country	Turkey	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle if any)	Family Name or Surname							
Imre L.		Wagnir						
Inventor's Signature							Date	
Residence City	Stanford	State	CA	Country	U.S.A.	Citizen/Non-Citizen		
Post Office Address	666 Posture Way, Stanford							
Post Office Address	City	State	CA	ZIP	04208-5665	Country	U.S.A.	

BUENOS AIRES, ARGENTINA, THE EIGHTH OF NOVEMBER IN TWENTYNINE. THAT WAS YOUR BIRTHDAY, AND I WISH YOU A HUNDRED AND FORTY-THREE YEARS OF PROSPERITY AND HONOR. I AM SENDING YOU A SMALL GIFT. IT IS A GOLD COIN FROM THE MEXICAN MINT. IT IS NOT ENGRAVED, BEING TOO SMALL. I HOPE YOU WILL APPRECIATE IT.

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**Exhibit B**

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NO. 0669 P. 3



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### DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (g)) required)

Attorney Docket Number	98700/488
First Named Inventor	Nancy Carrasco
COMPLETE IF KNOWN	
Application Number	09/519,959
Filing Date	March 7, 2000
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office box number and citizenship are as stated in the box next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

#### METHODS FOR THE DIAGNOSIS AND TREATMENT OF BREAST CANCER

the specification of which <input type="checkbox"/> is attached hereto OR <input checked="" type="checkbox"/> was filed on (MM/DD/YYYY) <span style="border: 1px solid black; padding: 2px;">03/07/2000</span>	(Title of the invention)
as United States Application Number of PCT International <input checked="" type="checkbox"/> 09/519,959 (if applicable).	
Application Number <span style="border: 1px solid black; padding: 2px;">09/519,959</span> and was amended on (MM/DD/YYYY) <span style="border: 1px solid black; padding: 2px;"> </span> (if applicable).	

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as extended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(e)(4) or 365(e) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and here also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(g) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

(Page 1 of 2)

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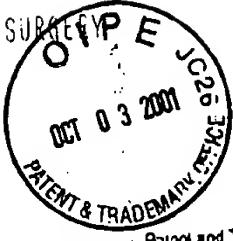
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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 363(c) of any PCT International application designating the United States of America, filed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application numbers are listed on a supplemental priority date sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Customer Number \_\_\_\_\_ →  Practice Customer Number Bar Code Label \_\_\_\_\_  
 OR  
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Michael Amster	16,677	Joel B. Lazar	23,406
Michael J. Berger	23,629	Im E. Slein	23,763
Daniel S. Ebenstein	24,832	Leonard E. Sorgi	33,211
Kenneth P. George	20,239	Paul M. Zuplin	27,476
Philip K. Gestetner	22,871	Craig J. Arnold	24,287
Abraham Kassas	22,887		
Anthony F. La Cava	23,407		

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:  Customer Number or Bar Code Label \_\_\_\_\_ OR  Correspondence Address below

Name	Craig J. Arnold, Esq.				
Address	Amster, Rothstein & Ebenstein				
Address	90 Park Avenue				
City	New York	State	NY	ZIP	10016
Country	U.S.A.	Telephone	(212) 697-5995	Fax	(212) 286-0854

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

A petition has been filed for this unsigned inventor

Name of Sole or First Inventor: \_\_\_\_\_ Family Name or Surname \_\_\_\_\_

Given Name (first and middle if any) \_\_\_\_\_ Family Name or Surname \_\_\_\_\_

Nancy Carrasco

Inventor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Residence: City New York State NY County U.S.A. Citizenship Mexican

Post Office Address 250 West 89th Street, Apt. 4-M

Post Office Address \_\_\_\_\_

City New York State NY ZIP 10024 Country U.S.A.

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

NOV. 28. 2000 12:31PM

BOSWELL DEPT OF SURGERY

NO. 0669 P. 5



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<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page 1 of 1				
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))		Family Name or Surname				
Orsolya		Donan				
Inventor's Signature					Date	
Residence: City	Bronx	State	NY	Country	U.S.A.	Citizenship
Post Office Address	1579 Rhinelander Ave., Apt. 4-C					
Post Office Address						
City	Bronx	State	NY	ZIP	10451	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))		Family Name or Surname				
Uygar H.		Tazebay				
Inventor's Signature					Date	
Residence: City	Ankara	State		Country	Turkey	Citizenship
Post Office Address	Bilkent Lojmanları 37/1					
Post Office Address						
City	Ankara	State		ZIP	06533	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))		Family Name or Surname				
Irene L.		Wapnir				
Inventor's Signature	<i>Irene Wapnir</i>				11/28/00 Date	
Residence: City	Stanford	State	CA	Country	U.S.A.	Citizenship
Post Office Address	300 Pasteur Drive H3625					
Post Office Address						
City	Stanford	State	CA	ZIP	94305-5655	Country

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